## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Vote!		C C00473918
Check if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed on		
Full Name of Payee  Moxie Media		Date of Public Distribution/Dissemination
		07 26 2016
Mailing Address PO Box 30084		Amount
City State	Zip Code	9669.72
Seattle WA	98113-2084	Transaction ID : VN7A7A1W968  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate	X Support Offic	e Sought: X House District: 07
Pramila Jayapal	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	48200.98 Disb 2016	oursement For:
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination
		07 27 2016
Mailing Address PO Box 30084		Amount
City State	Zip Code	9669.72
Seattle WA	98113-2084	Transaction ID : VN7A7A1W975  Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 001	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	ce Sought: X House District: 07
Pramila Jayapal	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	48200.98 Disb 2010	oursement For:  Primary General  Other (specify)   Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	19339.44
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	19339.44
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		